

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214516998					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: THE NATIONAL WILD TURKEY FEDERATION, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 3/31/2014</p> <p>SCC ID NO: 01446467</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 770 AUGUSTA RD</p> <p style="margin-left: 40px;">CITY/ST/ZIP: EDGEFIELD, SC 29824</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SAM MARS, III TITLE: CHAIRMAN ADDRESS: PO BOX 140 CITY/ST/ZIP/CO: HARROGATE, TN 37752 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: SAM MARS, III TITLE: CHAIRMAN ADDRESS: PO BOX 140 CITY/ST/ZIP/CO: HARROGATE, TN 37752	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: MR GEORGE THORNTON TITLE: CEO ADDRESS: 770 AUGUSTA ROAD CITY/ST/ZIP/CO: EDGEFIELD, SC 29824	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			

NAME:	JIM HINKLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	121 E MAIN ST		
CITY/ST/ZIP/CO:	MOUNTAIN VIEW, AR 72560		
NAME:	BILL BUCKNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2510 SAM NOBLE PKWY		
CITY/ST/ZIP/CO:	ARDMORE, OK 73401		
NAME:	FRANK COBLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2828 S MACARTHUR BLVD		
CITY/ST/ZIP/CO:	SPRINGFIELD, IL 62704		
NAME:	SHERRY CRUMLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2917 TREBARK RD		
CITY/ST/ZIP/CO:	BUCHANAN, VA 24066		
NAME:	ROBERT DETTMER, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 307		
CITY/ST/ZIP/CO:	IRONTON, MO 63650		
NAME:	MIKE EVANS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 838		
CITY/ST/ZIP/CO:	ATOKA, OK 74525		
NAME:	ROBERT HIGGINBOTHAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	135 MCCULLOUGH RD		
CITY/ST/ZIP/CO:	LOUISVILLE, MS 39339		
NAME:	SCOTT HILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	262 BURNT MEADOW RD		
CITY/ST/ZIP/CO:	RINGWOOD, NJ 07456		
NAME:	JERRY D PEAK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1003 BROAD ST		
CITY/ST/ZIP/CO:	SELMA, AL 36701		
NAME:	PARKS SHACKELFORD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3001 N MONROE ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207		
NAME:	HARLAN STARR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2685 COUNTY RD 92		
CITY/ST/ZIP/CO:	CEDAR BLUFF, AL 35959		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PEGGY ANNE VALLERY DIRECTOR 7940 M TUSCANY DR TUCSON, AZ 85742	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A LOUIS YOUNT DIRECTOR 409 W RICHARDSON CIR HARTSVILLE, SC 29550	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRYAN PERRY DIRECTOR 768 STALLINGS ROAD ZEBULON, NC 27597	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ELLEN LINTAL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ELLEN LINTAL, CFO PRINTED NAME AND CORPORATE TITLE	3/31/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			